

COVID-19 Health Disparities Grant FAQs

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

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Q1: What is the COVID-19 Health Disparities Grant?

A: The COVID-19 Health Disparities Grant is a shorter name for the ***National Initiative to Address COVID-19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.***



The purpose of the funding is to address COVID-19 related health disparities and advance health equity by expanding state, local, US territorial, and freely associated state health department capacity and services.

The grant's intended outcomes are to:

1. Reduce COVID-19-related health disparities;
2. Improve and increase testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities; and
3. Improve state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

The Arizona Department of Health Services (ADHS) applied for and received a portion of the grant, and in turn allocated grant monies to various organizations within the State of Arizona, including the Arizona Advisory Council on Indian Health Care (AACIHC).

Q2: How is the Arizona Advisory Council on Indian Health Care (AACIHC) using the COVID-19 Health Disparities Grant?

A: The AACIHC's ultimate goal is to reduce health disparities amongst Tribes and tribal communities during both the current COVID-19 pandemic *and* during any future pandemics, by providing informational resources for Tribes and tribal communities and by establishing a Tribal Pandemic Coalition.

The AACIHC will focus on three strategies:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.
2. Increase/Improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.
3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

To accomplish this, the AACIHC shall do the following:

- Establish and coordinate a ***Tribal Pandemic Coalition (TPC)*** of volunteer members, throughout all of Arizona.

- The TPC will meet at least quarterly (but possibly more frequently if needed/requested) to identify needs of the Tribes and tribal communities when it comes to the current pandemic, and to discuss the best ways to meet those needs.
 - Working in collaboration with the Tribes, the TPC will help in identifying best pandemic practices when it comes to pandemic policies, isolation/quarantine guidelines, available resources (i.e. training materials for both community members and healthcare workers), infrastructure set ups (i.e. testing and vaccination clinics, Alternate Care Sites, and COVID-19 isolation hotels), communication strategies pertaining to public health, along with other culturally relevant materials that have proven beneficial.
 - The TPC will also identify barriers that were encountered, along with what solutions were successful, and (if no solution proved adequate) seek to find solutions for if the issue is encountered in the future.
 - The TPC will also work to identify opportunities for Tribes and tribal communities in mitigating both the current COVID-19 pandemic and potential future pandemics.
- Hold **Forums and Trainings on identified topics of interest**, as identified and/or requested by the Tribes, tribal communities, the Tribal Pandemic Coalition, and the AACIHC.
 - **Forums shall be held at least quarterly** and open to anyone who wishes to attend. The forums will provide an overview of all the new materials, resources, and information that the AACIHC and the Tribal Pandemic Coalition have gathered, and make sure that all attendees know where this information is located. The forums will also be a great way for tribal community members and providers to engage and let the AACIHC know what types of pandemic trainings and pandemic resource materials would be helpful to them.
 - Trainings that are more specific to centralized topic identified by the Tribes and tribal communities shall be held as often as requested and needed. Additional trainings shall be posted online and will be accessible 24/7, 365 days a year.
- Create a **Pandemic Resource Toolbox**, that will be housed on the [Arizona Advisory Council on Indian Health Care's website](https://aacihc.az.gov/) (<https://aacihc.az.gov/>) and shall include a plethora of culturally relevant information aimed at assisting Tribes and tribal communities in the ongoing pandemic, so that it can act as a 'central location/repository' of materials needed for future pandemics. It will include items such as:
 - Online and printable educational materials, such as flyers, PowerPoints, PDFs, templates and videos for **both** community members and providers;
 - Guides to best practices for contact tracing, data collection, and reporting;
 - Pandemic policies, procedures, and quarantine guidelines established by tribal communities;
 - Public health models;
 - Data regarding social determinants and other identified factors contributing to and/or exacerbating illness outcomes;

- Infrastructure materials, such as how to establish an Alternate Care Site; and
- Training modules for both the community and providers.
- Help Tribes and tribal communities with pandemic related activities *in real time* as requested.
- Hold a **Health Disparities Summit**. The Summit will be a final wrap up, where **all information and resources that have been compiled, gathered, and/or created by the team and Tribal Pandemic Coalition is presented and given back to the Tribes and tribal communities**. The Health Disparities Summit will include information on social determinants of health, and will be between 1-3 days in length.

The goal of the grant is to ensure that all **best practices, resources, and communicated barriers** are **reported back to the Tribes and tribal communities on a quarterly basis**. All resources shall be developed in collaboration with Tribal representation, and given back to the Tribes and tribal communities who have assisted in their creation.

Q3: Where can I find additional information about the Arizona Advisory Council on Indian Health Care (AACIHCs) COVID-19 Health Disparities Grant, as it pertains to Tribes and tribal communities in Arizona?

A: On the [Arizona Advisory Council on Indian Health Care's website](https://aacihc.az.gov/) (<https://aacihc.az.gov/>) under the **"Grants"** heading. This will be an evolving page, and information on the COVID-19 Health Disparities Grant shall appear under this heading.

****Website is under development. Further details to come.****

Q4: Where can I find additional information about the COVID-19 Health Disparities Grant?

A: Information on the National Initiative to Address COVID-19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities can be found on the Centers for Disease Control and Prevention (CDC) website at:

- [CDC - COVID Disparities OT21 2103 - Partnerships - STLT Gateway](#)

Q5: What strategies is the AACIHC implementing to help reduce health disparities in Arizona's Tribes and tribal communities?

A: The AACIHC chose three of the CDC's four recommended strategic areas to focus on.

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.
2. Increase/Improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.
3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

Certain activities are associated with the above strategies, including, but not limited to:

- The creation of a **statewide COVID-19 Tribal Pandemic Coalition (TPC)** to share best practices in pandemic mitigation, planning and prevention; *and*
- Developing a website, where **culturally relevant information geared for Tribes and tribal communities** can be housed and easily accessed, including flyers, templates, and videos on pandemic preparedness, where all other pandemic preparedness resources can be found (i.e. a repository of where COVID-19 home antigen test kits can be purchased at and found), and other pandemic tools to help Tribes prepare for future pandemics; *and*
- Conducting **conferences, forums, and training events**, where information is shared that promotes infrastructure development; *and*
- Conducting **quarterly forums for Tribes and tribal communities, including IHS/638 providers, 638 FQHCs, and Urban Indian Health Programs, that shares the work that the AACIHC and Tribal Pandemic Coalition had done that quarter**; *and*
- Identifying **model Tribal policies** created to mitigate COVID-19, identifying **barriers and missed opportunities** by Tribes in response to COVID-19, and identifying **best practices/models of data collection** by Tribes in response to COVID-19; *and*
- In collaboration with Tribes, designing data collection methodology for pandemic reporting that would be very critical in pandemic planning and response; *and*
- Much more!

Q6: What is the Tribal Pandemic Coalition?

A: A statewide COVID-19 **Tribal Pandemic Coalition (TPC)** is being constructed to aid in both the ongoing pandemic, and to plan for any future potential pandemics, by sharing best practices. The TPC shall aim to reduce health disparities experienced during pandemics amongst American Indians in Arizona, by gathering a collection of key individuals and community members together to openly discuss past and current needs of Tribes and tribal communities during the COVID-19 pandemic, what barriers were encountered, how solutions were found, and what solutions were the most effective.



Ultimately the TPC is meant to be a 'think tank' to help tribal communities during pandemics. What works for one Tribe or tribal community may work for another, and having a collective to share ideas, successes and barriers, and to express needs in real time can assist in reducing health disparities currently occurring.

Representation: The TPC will ideally have volunteer representation from all 22 Tribes in Arizona, including representatives from IHS/638 facilities and clinics, behavioral health providers, health plans, and key State organizations such as the Arizona Department of Health Services, the Arizona Advisory Council on Indian Health Care (AACIHC), and the Arizona Health Care Cost Containment System (AHCCCS).

***** Anyone who is interested is welcome to join and encouraged to outreach the AACIHC for inclusion. *****

Q7: How do I join the Tribal Pandemic Coalition?

A: Anyone who wishes to join the Tribal Pandemic Coalition, please email Alison Lovell at alison.lovell@aacihc.az.gov

The Tribal Pandemic Coalition is open to all. Examples of individuals who may be interested include:

- Tribal representatives and leaders;
- Members of tribal communities;
- Healthcare workers and office/administrative team members of IHS/638 facilities, Urban Indian Health Clinics, and 638 FQHCs;
- Tribal liaisons;
- Community Health Workers;
- Health plans; and
- Anyone else interested.

Q8: What does the grant expect to give back to the Tribes and tribal communities in Arizona?

A: The Arizona Advisory Council on Indian Health Care's COVID-19 Health Disparities grant team, in conjunction with the to be established Tribal Pandemic Coalition, seeks to give back the following to the Tribes and tribal communities:

- A Tribal Pandemic Coalition that has been previously established and that can be re-activated quickly in the event of a continuation or a newly emerging epidemic or pandemic; *and*
- A comprehensive Pandemic Toolkit, aimed at helping Tribes and tribal communities rapidly respond to continuing and/or newly emergency epidemics and pandemics. The toolkit will include policies and procedures, infrastructure setups that have been used in the past, informational materials (i.e. flyers, trainings, handbooks, etc.), data collection methods that are

quick to implement, contact tracing and reporting of illness event methodologies, and past data summaries that could be put to good use (i.e. social determinants of health identified as the most common in previous COVID-19 cases and social determinants of health identified as most significantly impacting adverse health outcomes in tribal populations). Videos and trainings shall be for both community members *and* healthcare workers; *and*

- A listing of previously encountered barriers during the COVID-19 pandemic and how these were successfully resolved; *and*
- A repository of best pandemic practices as determined by the Tribes, tribal communities and Tribal Pandemic Coalition.

Q9: How will the grant impact community members?

A: Trainings and pandemic-centric informational materials, including culturally relevant flyers, trainings, videos, etc. shall be developed and made available to tribal communities. Additionally, any Tribe or tribal community that has a specific community-centric request may outreach the team and we will do our best to assist and/or to help in designing the requested materials.

As a community member, all grant-created materials will be available to you on the [Arizona Advisory Council on Indian Health Care's \(AACIHC\) web page under "Grants"](#). This will include trainings geared specifically for you, including educational materials on a plethora of topics ranging from basic virology (understanding how viruses work), to how to wear an N95 or KN95 mask correctly, to hand washing.

By assisting Tribes, tribal communities, and provider networks in real time, we hope to assist in mitigating COVID-19 health disparities in the community, by reducing severity of illness and COVID-related morbidity.

Q10: How will the grant impact health care providers, including IHS and 638 providers, hospitals and clinics, Urban Indian Health Programs, and 638 Federally Qualified Health Clinics (638 FQHCs)?

A: Trainings and pandemic-centric informational materials, including culturally relevant flyers, trainings, videos, etc. shall be developed and made available to providers serving tribal communities.

- If you are an administrator or tribal leader and would like to see materials created to assist your clinic, facility or hospital, please outreach us and we shall do our best to assist.

Additional materials will be provided on a range of topics geared specifically for IHS/638s, 638 FQHCs, and UIHPs that will include things such as how to bill the All Inclusive Rate (AIR) appropriately for pandemic-related items, how to set up and establish an Alternate Care Site (ACS), and basic billing



and coding information pertaining to COVID-19.

Q11: What other agencies are participating in the COVID-19 Health Disparities Grant?

A: The Centers for Disease Control and Prevention (CDC) awarded the following Arizona agencies portions of the COVID-19 Health Disparities Grant:

- Arizona Department of Health Services (ADHS) \$34,603,661 (Includes a rural carveout)
- Maricopa County Department of Public Health \$26,562,053
- Pima County Health Department \$6,510,503

ADHS in turn awarded contracts to 30 organizations, splitting the \$34 million in funds up between these 30 organizations. The Arizona Advisory Council on Indian Health Care is one such organization.

The AACIHC will be meeting and partnering with some of these 30 organizations to collaborate on this project. Details to come.

Q12: How can I get additional information and who should I contact?

A: Please email Alison Lovell, Grants Manager, at alison.lovell@aacihc.az.gov.

Q13: What is the grant's time frame?

A: The grant itself was awarded to the Arizona Department of Health Services (ADHS) on June 1, 2021. The project start date was June 1, 2021. ADHS was awarded approximately \$34 million in grant funding, and in turn contracted with 30 organizations around the State of Arizona to implement the COVID-19 Health Disparities Grant objectives.

The Arizona Advisory Council on Indian Health Care (AACIHC) was awarded a portion of this grant, as one of the 30 organizations contracted with ADHS, in October of 2021.

A Grants Manager was onboarded in January of 2022, and active recruitment is ongoing (as of February 2022) for an Epidemiologist and two Project Specialist positions to join the team. We anticipate hiring and onboarding in March of 2022.

The first Tribal Pandemic Coalition (TPC) meeting is anticipated to occur in late March of 2022. The date is to be determined. Recruitment of members for the TPC is ongoing.



The first Quarterly Updates Meeting for the Health Disparities Grant, in which the progress and gathered resources and information shall be reported back on and shared with the Tribes and tribal communities, is anticipated to occur sometime in May of 2022. The date is to be determined.

The Health Disparities Summit, which will be a final wrap up meeting occurring over 1-3 days, will occur in April or May of 2023, in which all information gathered by the AACIHC team and the Tribal Pandemic Coalition will be presented and shared with the Tribes and tribal communities.

The project end date is May 31, 2023.

Q14: Where can I find additional resources?

A: Additional resources shall soon be posted online, on the Arizona Advisory Council's website at:

- [Arizona Advisory Council on Indian Health Care \(az.gov\)](https://www.az.gov)

Q15: Are there any open positions on your team?

A: Yes! We are currently hiring for three positions, and remote work for the positions is an option.

1. Epidemiologist for COVID-19 Health Disparities Grant
2. Program Specialist for COVID-19 Health Disparities Grant
3. Program Specialist for COVID-19 Health Disparities Grant

These positions can soon be found on the AHCCCS job site at: [Careers | Arizona Health Care Cost Containment System \(AHCCCS\) \(azahcccs.gov\)](https://www.azahcccs.gov)

*Not yet published for applications as of 2/28/2022.

Q16: Can Tribes and tribal communities and partners help in planning the Health Disparities Summit for 2023?

A: Yes! Anyone who is interested in taking part may do so, and anyone who would like to attend may also do so. If you are interested in planning and contributing materials, or abstracts, please email Alison Lovell at alison.lovell@aacihc.az.gov.

Q17: Are the Health Disparities Summit and the Annual CHR Summit the same thing?



A: No. These are actually two different grants with two different summits. If you are interested in helping with the Annual CHR Summit for the Community Health Workers for COVID Response and Resilient Communities (CCR) grant, please email Isabella.denton@aacihc.az.gov .